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6 **IN THE UNITED STATES DISTRICT COURT**
7 **FOR THE DISTRICT OF ARIZONA**
8

9 JeanMarie Magnotti,
10 Plaintiff,

No. CV-22-01503-PHX-JAT

ORDER

11 v.
12 Commissioner of Social Security
13 Administration,
14 Defendant.

15 Pending before the Court is Plaintiff JeanMarie Magnotti's ("Plaintiff") appeal from
16 the Commissioner of Social Security Administration's ("SSA" or "Defendant") denial of
17 social security disability benefits. (Doc. 1). Plaintiff filed her opening brief on April 10,
18 2023, (Doc. 18), Defendant responded on July 6, 2023, (Doc. 22), and Plaintiff filed a
19 reply, (Doc. 23). The Court now rules.

20 **I. BACKGROUND**

21 The issues presented in this appeal are the following: (1) whether the ALJ erred in
22 discounting Plaintiff's symptom testimony;¹ and (2) whether the ALJ failed to support his
23 residual functional capacity ("RFC") determination with substantial evidence.

24 **A. Factual Overview**

25 Plaintiff filed the current application for disability benefits on August 28, 2020, with
26 an alleged disability onset date of January 10, 2019. (Doc. 18 at 2). On March 30, 2022, an

27 ¹ Plaintiff's opening brief states that the ALJ "failed to perform a proper analysis of
28 Plaintiff's symptoms." (Doc. 18 at 2). Based on Plaintiff's arguments, the Court
characterizes this argument as one which asserts that the ALJ erred in discounting
Plaintiff's testimony.

1 administrative law judge (“ALJ”) issued a decision finding that Plaintiff was not disabled
 2 during the relevant period—January 10, 2019, to December 31, 2019, Plaintiff’s date last
 3 insured. (*See* Doc. 17-1 at 25–35).

4 Plaintiff has previously filed an application for disability benefits on April 14, 2016,
 5 for a period of disability beginning on July 1, 2015. *See Magnotti v. Comm’r of Soc. Sec.*
 6 *Admin.*, No. CV-20-00760-PHX-DWL, 2021 WL 4025959, at *1 (D. Ariz. Sept. 3, 2021).
 7 The ALJ in the prior case found that Plaintiff had the same severe impairments as those
 8 listed in the present ALJ decision. (Case No. CV-20-00760-PHX-DWL, Doc. 18-3 at 16).
 9 However, the prior ALJ found Plaintiff not disabled from July 1, 2015, to January 14, 2019
 10 (the date of the ALJ’s decision), and District Judge Dominic Lanza affirmed. *See generally*
 11 *Magnotti*, 2021 WL 4025959.

12 **B. The SSA’s Five-Step Evaluation**

13 To evaluate a claim of disability, the Social Security regulations set forth a five-step
 14 sequential process. 20 C.F.R. § 404.1520(a)(4) (2016); *see also Reddick v. Chater*, 157
 15 F.3d 715, 721 (9th Cir. 1998). A finding of “not disabled” at any step in the sequential
 16 process will end the inquiry. 20 C.F.R. § 404.1520(a)(4). The claimant bears the burden of
 17 proof through the first four steps, but the burden shifts to the Commissioner in the final
 18 step. *Reddick*, 157 F.3d at 721. The five steps are as follows.

19 First, the ALJ determines whether the claimant is “doing substantial gainful
 20 activity.” 20 C.F.R. § 404.1520(a)(4)(i). If so, the claimant is not disabled.

21 At step two, if the claimant is not gainfully employed, the ALJ next determines
 22 whether the claimant has a “severe medically determinable physical or mental
 23 impairment.” *Id.* § 404.1520(a)(4)(ii). To be considered severe, the impairment must
 24 “significantly limit[] [the claimant’s] physical or mental ability to do basic work activities.”
 25 *Id.* § 404.1520(c). Basic work activities are the “abilities and aptitudes to do most jobs,”
 26 such as lifting, carrying, reaching, understanding, carrying out and remembering simple
 27 instructions, responding appropriately to co-workers, and dealing with changes in routine.
 28 *Id.* § 404.1521(b). Further, the impairment must either have lasted for “a continuous period

1 of at least twelve months,” be expected to last for such a period, or be expected “to result
2 in death.” *Id.* § 404.1509 (incorporated by reference in 20 C.F.R. § 404.1520(a)(4)(ii)). The
3 “step-two inquiry is a de minimis screening device to dispose of groundless claims.”
4 *Smolen v. Chater*, 80 F.3d 1273, 1290 (9th Cir. 1996). If the claimant does not have a
5 severe impairment, then the claimant is not disabled.

6 At step three, having found a severe impairment, the ALJ next determines whether
7 the impairment “meets or equals” one of the impairments listed in the regulations. 20
8 C.F.R. § 404.1520(a)(4)(iii). If so, the claimant is found disabled without further inquiry.
9 If not, before proceeding to the next step, the ALJ will make a finding regarding the
10 claimant’s “[RFC] based on all the relevant medical and other evidence in [the] case
11 record.” *Id.* § 404.1520(e). A claimant’s RFC is the most she can still do despite all her
12 impairments, including those that are not severe, and any related symptoms. *Id.* §
13 404.1545(a)(1).

14 At step four, the ALJ determines whether, despite the impairments, the claimant can
15 still perform “past relevant work.” *Id.* § 404.1520(a)(4)(iv). To make this determination,
16 the ALJ compares the RFC assessment with “the physical and mental demands of [the
17 claimant’s] past relevant work.” *Id.* § 404.1520(f). If the claimant can still perform the kind
18 of work she previously did, the claimant is not disabled. Otherwise, the ALJ proceeds to
19 the final step.

20 At the final step, the ALJ determines whether the claimant “can make an adjustment
21 to other work” that exists in the national economy. *Id.* § 404.1520(a)(4)(v). In making this
22 determination, the ALJ considers the claimant’s “residual functional capacity” and her
23 “age, education, and work experience.” *Id.* § 404.1520(g)(1). If the claimant can perform
24 other work, she is not disabled. If the claimant cannot perform other work, she will be
25 found disabled.

26 In evaluating the claimant’s disability under this five-step process, the ALJ must
27 consider all evidence in the case record. *See id.* §§ 404.1520(a)(3), 404.1520b. This
28 includes medical opinions, records, self-reported symptoms, and third-party reporting. *See*

20 C.F.R. §§ 404.1527, 404.1529; SSR 06-3p, 71 Fed. Reg. 45593-03 (Aug. 9, 2006).

C. The ALJ's Application of the Five-Step Evaluation Process

At step one, the ALJ found that Plaintiff did not engage in substantial gainful activity during the period from her alleged onset date through her date last insured. (Doc. 17-1 at 28).

At step two, the ALJ found that through the date last insured, Plaintiff had the following severe impairments: "degenerative disc disease, fibromyalgia, obesity, essential hypertension and diabetes mellitus." (*Id.*).

At step three, the ALJ found that Plaintiff did not have an impairment or combination of impairments that met or medically equaled the severity of a listed impairment. (*Id.* at 30). Thus, the ALJ made an RFC determination and found that Plaintiff had the RFC

to perform sedentary work as defined in 20 CFR 404.1567(a) except she could occasionally climb ramps and stairs, but never climb ladders, ropes or scaffolds. She can occasionally kneel, stoop, crouch and crawl and can frequently balance. She should avoid concentrated exposure to extreme cold and vibration and she should not be exposed to hazards such as hazardous machinery and unprotected heights.

(*Id.* at 31).

At step four, the ALJ found that through the date last insured, Plaintiff "was capable of performing past relevant work as an office manager," as that work "did not require the performance of work-related activities precluded by [Plaintiff's RFC]." (*Id.* at 34).

Because the ALJ found Plaintiff to be capable of performing past relevant work, the ALJ did not proceed to step five. The ALJ found that Plaintiff was not under a disability during the relevant time period. (*Id.*).

II. LEGAL STANDARD

The ALJ's decision to deny benefits will be overturned "only if it is not supported by substantial evidence or is based on legal error." *Magallanes v. Bowen*, 881 F.2d 747, 750 (9th Cir. 1989) (internal quotation omitted). "Substantial evidence" means "more than

1 a mere scintilla, but less than a preponderance.” *Reddick*, 157 F.3d at 720 (internal citation
2 omitted). In other words, substantial evidence means “such relevant evidence as a
3 reasonable mind might accept as adequate to support [the ALJ’s] conclusion.” *Valentine v.*
4 *Comm’r Soc. Sec. Admin.*, 574 F.3d 685, 690 (9th Cir. 2009).

5 “The inquiry here is whether the record, read as a whole, yields such evidence as
6 would allow a reasonable mind to accept the conclusions reached by the ALJ.” *Gallant v.*
7 *Heckler*, 753 F.2d 1450, 1453 (9th Cir. 1984) (internal citation omitted). In determining
8 whether there is substantial evidence to support a decision, the Court considers the “record
9 as a whole, weighing both the evidence that supports the ALJ’s conclusions and the
10 evidence that detracts from the” ALJ’s conclusions. *Reddick*, 157 F.3d at 720. “Where
11 evidence is susceptible of more than one rational interpretation, it is the ALJ’s conclusion
12 which must be upheld; and in reaching his findings, the ALJ is entitled to draw inferences
13 logically flowing from the evidence.” *Gallant*, 753 F.2d at 1453 (internal citations
14 omitted); *see Batson v. Comm’r of the Soc. Sec. Admin.*, 359 F.3d 1190, 1193 (9th Cir.
15 2004). This is because “[t]he trier of fact and not the reviewing court must resolve conflicts
16 in the evidence, and if the evidence can support either outcome, the court may not substitute
17 its judgment for that of the ALJ.” *Matney v. Sullivan*, 981 F.2d 1016, 1019 (9th Cir. 1992);
18 *see Young v. Sullivan*, 911 F.2d 180, 184 (9th Cir. 1990).

19 The ALJ is responsible for resolving conflicts in medical testimony, determining
20 credibility, and resolving ambiguities. *See Andrews v. Shalala*, 53 F.3d 1035, 1039 (9th
21 Cir. 1995). Thus, if on the whole record before the Court, substantial evidence supports the
22 ALJ’s decision and the decision is free from legal error, the Court must affirm it. *See*
23 *Hammock v. Bowen*, 879 F.2d 498, 501 (9th Cir. 1989); *see also* 42 U.S.C. § 405(g) (2012).
24 On the other hand, the Court “may not affirm simply by isolating a specific quantum of
25 supporting evidence.” *Orn v. Astrue*, 495 F.3d 625, 630 (9th Cir. 2007) (internal quotation
26 and citation omitted).

27 Notably, the Court is not charged with reviewing the evidence and making its own
28 judgment as to whether Plaintiff is or is not disabled. *See Connett v. Barnhart*, 340 F.3d

1 871, 874 (9th Cir. 2003). Rather, the Court’s inquiry is constrained to the reasons asserted
 2 by the ALJ and the evidence relied upon in support of those reasons. *See id.*

3 **III. DISCUSSION**

4 The Court first notes that, as discussed above, Plaintiff has previously filed and
 5 appealed the denial of an application for disability benefits based on the same severe
 6 impairments. In the ALJ decision at issue here, the ALJ also noted the previous case;
 7 however, the ALJ erroneously stated that the previous case was not yet final because the
 8 appeal was still pending. At the time the ALJ rendered his decision (March 30, 2022),
 9 District Judge Dominic Lanza had affirmed the prior ALJ’s finding that Plaintiff was not
 10 disabled from July 1, 2015, through the date of the ALJ decision, January 14, 2019, and no
 11 appeal to the Ninth Circuit Court of Appeals (“Ninth Circuit”) was filed. *See generally*
 12 *Magnotti*, 2021 WL 402595. In the present appeal, Plaintiff alleges a disability onset date
 13 of January 10, 2019—four days before the date of the prior ALJ decision finding no
 14 disability. However, neither party argues that the overlap in time impacts this appeal and
 15 this Court’s review of the present ALJ decision. Accordingly, the Court will not consider
 16 collateral estoppel or other deference as to whether Plaintiff was disabled as of the January
 17 10, 2019, date because neither party argued it. Moreover, for the reasons detailed below,
 18 this Court affirms the ALJ decision on the merits. As such, the result would be the same.

19 **A. Whether the ALJ Properly Discounted Plaintiff’s Symptom Testimony**

20 Plaintiff argues that the ALJ failed to apply the proper two-step analysis in
 21 evaluating Plaintiff’s symptoms. (Doc. 18 at 15). Plaintiff asserts that the ALJ “fail[ed] to
 22 identify any evidence that lacks consistency with Plaintiff’s claim.” (*Id.*). Plaintiff further
 23 argues that the ALJ instead “appear[ed] to focus almost exclusively on his own
 24 interpretation of the medical evidence.” (*Id.* at 16). Specifically, Plaintiff asserts that the
 25 ALJ “conflat[ed] a lack of emergency room visits with a lack of disabling limitations or
 26 else implying that it represents a conservative treatment history.” (*Id.* at 17). Plaintiff
 27 further states that the medical history shows that Plaintiff’s treatment history is “extensive,”
 28 and that “[t]here is no suggestion of greater levels of treatment that she could pursue at this

1 point.” (*Id.* at 17–18).

2 Defendant argues that the ALJ reasonably discounted Plaintiff’s symptom
3 testimony and adequately accounted for her testimony in his RFC determination. (Doc. 22
4 at 6). Specifically, Defendant asserts that the ALJ appropriately considered the
5 effectiveness of Plaintiff’s treatment, pointed to objective evidence contradicting
6 Plaintiff’s testimony, and included ample limitations in the RFC determination based on
7 his consideration of Plaintiff’s testimony. (*Id.* at 6–9).

8 In assessing the credibility of a claimant’s testimony regarding subjective pain or
9 the intensity of her symptoms, the ALJ must engage in a two-step analysis. *Molina v.*
10 *Astrue*, 674 F.3d 1104, 1112 (9th Cir. 2012). First, as a threshold matter, “the ALJ must
11 determine whether the claimant has presented objective medical evidence of an underlying
12 impairment ‘which could reasonably be expected to produce the pain or other symptoms
13 alleged.’” *Lingenfelter v. Astrue*, 504 F.3d 1028, 1036 (9th Cir. 2007) (quoting *Bunnell v.*
14 *Sullivan*, 947 F.2d 341, 344 (9th Cir. 1991)). Second, if the claimant meets the first test,
15 then “the ALJ ‘may not discredit a claimant’s testimony of pain and deny disability benefits
16 solely because the degree of pain alleged by the claimant is not supported by objective
17 medical evidence.’” *Orteza v. Shalala*, 50 F.3d 748, 750 (9th Cir. 1995) (quoting *Bunnell*,
18 947 F.2d at 346–47). Rather, “unless an ALJ makes a finding of malingering based on
19 affirmative evidence thereof,” the ALJ may only find the claimant not credible by making
20 specific findings supported by the record that provide clear and convincing reasons to
21 explain the credibility evaluation. *Robbins v. Soc. Sec. Admin.*, 466 F.3d 880, 883 (9th Cir.
22 2006) (citing *Smolen v. Chater*, 80 F.3d 1273, 1283–84 (9th Cir. 1996)).

23 In rendering a credibility determination, the ALJ may consider several factors,
24 including: “(1) ordinary techniques of credibility evaluation, such as the claimant’s
25 reputation for lying, prior inconsistent statements concerning the symptoms, and other
26 testimony by the claimant that appears less than candid; (2) unexplained or inadequately
27 explained failure to seek treatment or to follow a prescribed course of treatment; and (3)
28 the claimant’s daily activities.” *Tommasetti v. Astrue*, 533 F.3d 1035, 1039 (9th Cir. 2008)

(quoting *Smolen*, 80 F.3d at 1284). If the ALJ relies on these factors and his reliance is supported by substantial evidence, the Court “‘may not engage in second-guessing.’” *Id.* (quoting *Thomas v. Barnhart*, 278 F.3d 947, 958 (9th Cir. 2002)).

Here, the ALJ first noted that Plaintiff medically determinable impairments could reasonably be expected to cause the alleged symptoms. (Doc. 17-1 at 32). However, the ALJ found that Plaintiff’s statements concerning the intensity, persistence, and limiting effects of the symptoms were not entirely consistent with the evidence in the record. (*Id.*). The ALJ further stated that records post-dating Plaintiff’s date last insured were considered, but were not the primary focus, as such records “do not provide significant probative value” because “they are not relevant to the period of disability at issue.” (*Id.*).

The ALJ cited to several pieces of evidence from the relevant time period, including the following: various magnetic resonance imaging (“MRI”) results finding “mild to moderate” abnormalities, a February 2019 imaging of Plaintiff’s right hip that showed no evidence of osseous abnormality, and a provider describing Plaintiff’s hypertension as “chronic but stable on Lisinopril.” (*Id.* at 32–33). The ALJ further noted that Plaintiff has repeatedly presented with “negative straight leg raise, minimal tenderness to palpation, and routinely normal gait.” (*Id.* at 33).

The Court acknowledges Plaintiff’s arguments as to whether various citations to the medical record in the ALJ decision support the ALJ’s inferences in his RFC determination. Plaintiff took issue specifically with several pieces of evidence to which the ALJ cited to support his finding that Plaintiff “has presented on multiple visits to providers with normal gait, negative straight leg raise, mild or no pain with normal range of motion, and without the use of an assistive device.” (Doc. 17-1 at 32). The Court finds that, while there is some minor discrepancy between the ALJ’s statement and the evidence to which the ALJ cites,²

² For example, the ALJ indeed cited to a medical record that mentioned that Plaintiff ambulated with a cane. (*See* Doc. 17-4 at 227). However, upon inspection of the remainder of the ALJ’s citations, the Court finds numerous instances in which Plaintiff ambulated with no assistive device. Moreover, in his decision, the ALJ acknowledged Plaintiff’s occasional use of a cane and nonetheless came to the same RFC determination. (Doc. 17-1 at 32). This Court does not engage in mere second-guessing of the ALJ’s determination. *See Tommasetti*, 533 F.3d at 1039 (citation omitted).

1 the evidence to which the ALJ cites overall supports the ALJ’s statement, especially the
 2 evidence from the relevant period. (*See, e.g.*, Doc. 17-4 at 20, 27, 75). Moreover, nearly all
 3 of the evidence with which Plaintiff takes issue was collected after the relevant period—
 4 that is, after Plaintiff’s date last insured. (*See, e.g., id.* at 227, 249). Finally, much of the
 5 evidence with which Plaintiff takes issue concerns mental impairments that the ALJ did
 6 not find to be severe, and Plaintiff does not challenge the ALJ’s findings as to which
 7 impairments are severe in her appeal. (*See, e.g., id.* at 203–05). Altogether, the Court finds
 8 Plaintiff’s arguments regarding the ALJ’s specific citations to the evidence unavailing.³

9 The Court also addresses Plaintiff’s argument that the ALJ has implicitly concluded
 10 that Plaintiff underwent conservative treatment through his statement that Plaintiff’s
 11 emergency room visits were for ailments other than those he considered severe. The Court
 12 finds that the ALJ accurately reported the reasons for Plaintiff’s emergency room visits;
 13 moreover, the ALJ did not “conflate” unrelated emergency room visits with a lack of
 14 disabling impairments. Instead, the ALJ cited to various medical records that show such a
 15 lack of disabling impairments and further noted that Plaintiff had not visited the emergency
 16 room for any reasons related to her severe impairments. As such, the Court also finds this
 17 argument unavailing.

18 Based on the evidence the ALJ discussed in his decision, this Court finds that the
 19 ALJ provided clear and convincing reasons for discounting Plaintiff’s subjective
 20 testimony, especially given the limitations that the ALJ nonetheless imposed on Plaintiff’s
 21 RFC. The Court finds no reversible error on this basis.

22 **B. Whether the ALJ Provided a Valid RFC Determination**

23 Plaintiff also argues generally that the ALJ’s RFC determination was not supported
 24 by substantial evidence because the RFC was “unsupported by any medical opinions” and
 25 “fail[ed] to confront evidence that contradicted [the ALJ’s] conclusions.” (Doc. 18 at 7).
 26 Plaintiff asserts that the ALJ provided just “a terse summary of the evidence followed by

27 ³ The ALJ relied on the aforementioned evidence when discussing his decision to discount
 28 Plaintiff’s subjective testimony. Thus, the Court discusses it here. The Court’s conclusion
 regarding this argument applies with equal force in Section III.B., *infra* (the heading under
 which Plaintiff makes this argument in her opening brief).

1 the conclusory statement” that the evidence does not require a finding of disability. (*Id.* at
2 8). Plaintiff states that the ALJ instead “provided an RFC that was identical to the prior
3 unfavorable decision despite new evidence of worsening symptoms.” (*Id.*). Plaintiff further
4 asserts that the ALJ rendered his RFC determination “without the benefit of medical
5 opinion evidence,” which is reversible error because “the ALJ, as a layperson, was not
6 qualified” to evaluate various pieces of medical evidence. (*Id.* at 9).

7 Plaintiff additionally argues that the ALJ’s treatment of the medical evidence was
8 “highly flawed,” and that the ALJ “misrepresented” the evidence in his analysis. (*Id.* at
9 11). Plaintiff states that some of the supporting evidence to which the ALJ cites does not
10 actually stand for the propositions the ALJ asserts. (*Id.*). Moreover, Plaintiff argues, the
11 ALJ’s citation to some normal findings does not adequately explain why the normal
12 findings were more probative than other evidence. (*Id.* at 12). Specifically, Plaintiff notes
13 that normal results can be consistent with debilitating fibromyalgia, that the ALJ failed to
14 account for Plaintiff’s limitations in using her hands, and that the ALJ did not explain why
15 he did not include a sit/stand option or account for time off task in the RFC even after
16 developing the record with the vocational expert (“VE”) on these points. (*Id.* at 13–15).

17 Defendant argues that substantial evidence, to which the ALJ cited, indeed does
18 support the ALJ’s RFC determination. (Doc. 22 at 2). Defendant points to the various
19 pieces of evidence in the record to which the ALJ cited, pointing out that “Plaintiff
20 regularly presented with normal gait, negative straight leg raise, mild or no pain with
21 normal range of motion, and without the use of an assistive device.” (*Id.* at 3). Defendant
22 also asserts that the ALJ’s RFC determination was much more restrictive than what the
23 state agency physicians found in their review, as the agency physicians found “insufficient
24 evidence” to evaluate any physical impairment during the relevant period. (*Id.* at 4).
25 Finally, Defendant points out that “the existence of an alternative interpretation of the
26 record does not show that the ALJ erred,” so Plaintiff’s alternative interpretation of the
27 medical evidence is insufficient for this Court to reverse. (*Id.* at 5).

28 The Court first incorporates its above discussion of Plaintiff’s arguments regarding

1 the alleged inconsistencies in the evidence to which the ALJ cites, and the Court reiterates
 2 its conclusion that such arguments are unavailing. To that end, the Court also notes that the
 3 ALJ cited a significant amount of objective medical evidence supporting his RFC
 4 determination and correctly explained that the evidence from the relevant period was more
 5 probative than evidence from outside of that period.⁴

6 Plaintiff focuses much of the remainder of her argument on the ALJ's failure to base
 7 his RFC determination on any medical opinion. However, as the ALJ noted, "[t]he
 8 consulting physicians found there was insufficient evidence to evaluate [Plaintiff's]
 9 application for disability benefits before the date last insured." (Doc. 17-1 at 34).
 10 Importantly, this indicates that the ALJ indeed sought consultative opinions on which to
 11 base his opinion; he bases his determination on the evidence available without a medical
 12 opinion simply because the consultative physicians found insufficient evidence to opine.⁵
 13 The Court further notes that Plaintiff does not point to any medical opinions which the ALJ
 14 should have considered. *See Santiago v. Colvin*, No. 2:13-cv-2174-EFB, 2015 WL
 15 1469290, at *4 (E.D. Cal. Mar. 30, 2015) (finding that where there was no evidence that
 16 amounted to a medical opinion under 20 C.F.R. § 404.1527(a)(2), "there was simply no
 17 opinion to reject," and the ALJ did not err when he did not base his determination on
 18 medical opinions). Thus, the Court finds this argument unavailing.⁶

19 ⁴ Plaintiff also points specifically to a Ninth Circuit opinion which stated that "mostly
 20 normal results" can be "perfectly consistent with debilitating fibromyalgia." *Revels v.*
 21 *Berryhill*, 874 F.3d 648, 666 (9th Cir. 2017). However, the Ninth Circuit went on to state
 22 that "fibromyalgia is diagnosed, in part, by evidence showing that another condition does
 23 not account for a patient's symptoms," and that it was error for the ALJ to discount
 24 fibromyalgia because of the "lack of 'objective findings' supporting [the claimant's] claims
 25 of severe pain." *Id.* Here, by contrast, the ALJ acknowledged limitations posed by
 26 Plaintiff's fibromyalgia, limited the RFC accordingly, pointed to *contradictory* (not lack
 27 of) evidence, and further pointed to the other conditions accounting for Plaintiff's
 28 symptoms. (Doc. 17-1 at 32–33).

⁵ Although not controlling, the Court additionally places some significance on the ALJ's
 efforts to limit Plaintiff's RFC notwithstanding the consultative doctors finding insufficient
 evidence.

⁶ The Court also addresses Plaintiff's extensive citation to *Jatto v. Comm'r of Soc. Sec.*
Admin., No. CV-21-00604-PHX-DLR, 2022 WL 4367600 (D. Ariz. Sept. 21, 2022). In
Jatto, the claimant presented four medical experts' opinions, which the ALJ discounted
 "because they gave opinions based on an incomplete medical record, which was ultimately
 presented in its entirety at the hearing." *Jatto*, 2022 WL 4367600 at *2. This case is
 inapposite—here, no medical opinions have been presented, and Plaintiff does not argue
 that the record was incomplete at the time the ALJ conducted the hearing.

1 In sum, considering the objective evidence to which the ALJ cited from among the
2 limited evidence from the relevant time period, and Plaintiff's RFC being limited according
3 to her symptoms, the Court finds that substantial evidence supports the ALJ's RFC
4 determination. Thus, there is no reversible error on this ground.

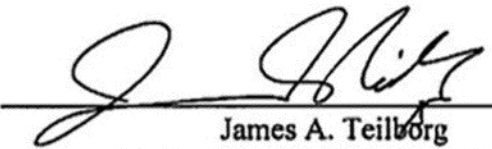
5 **IV. CONCLUSION**

6 For the foregoing reasons,

7 **IT IS ORDERED** that the ALJ's decision is **AFFIRMED**. The Clerk of Court shall
8 enter judgment accordingly.

9 Dated this 5th day of January, 2024.

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James A. Teilborg
Senior United States District Judge